PRELIMINARY NOTIFICATION OF EVENT OR UNUSUAL OCCURRENCE--PNO-III-83-53 Date: June 24, 1983

EBN

This preliminary notification constitutes EARLY notice of events of POSSIBLE safety or public interest significance. The information is as initially received without verification or evaluation, and is basically all that is known by the staff on this date.

Facility: Commonwealth Edison Company
LaSalle Unit 1
Marseillos, IL 61341
Docket No: 50-373

Licensee Emergency Classification:
_____ Notification of Unusual Event
_____ Alert
_____ Site Area Emergency
_____ General Emergency
__xx__ Not Applicable

Subject: VACUUM BREAKER INOPERABLE BECAUSE OF IMPROPER VALVE POSITION

On June 21, 1983, a licensee test engineer found one of two manual isolation valves for the D vacuum breaker between the drywell and suppression pool in the closed position, instead of the proper open position. The closed valve made the vacuum breaker inoperable.

All four vacuum breakers are required to be operable when the reactor is in operation- if one vacuum breaker becomes inoperable, it must be repaired within 76 hours or a reactor shutdown is to be initiated.

The vacuum breakers are designed to prevent damage to the drywell caused by a difference in pressure between the drywell (the portion of the reactor containment housing the reactor) and the pressure suppression pool (the water filled pooled designed to condense steam and reduce containment pressure in the event of an accident).

A review by the licensee and the Resident Inspectors of the circumstances of the valve being closed has determined that the valve was verified as open and locked during a valve check on May 17, 1983. The valve was found unlocked and closed on the following day (May 18, 1983) during preparations for a vacuum breaker modification.

Following the modification work, the valve was left unlocked and closed since that is the position in which the valve was found at the beginning of the modification work. (Modification procedures called for the valves to be left in the position in which they were found).

The reactor has been in operation for a substantial amount of time since the completion of the modification work on May 26, 1983, in apparent violation of the licensee requirements for vacuum breaker operability.

The licensee and Region III (Chicago) are continuing the review of the matter, focusing on how the valve position was initially changed in May and why the situation was not recognized at the time of the vacuum breaker modification. Appropriate enforcement action will be taken, based on the results of the Region III inspection.

Neither the licensee nor Region III plan to issue a news announcement at this time.

The State of Illinois will be notified.

Region III was informed of the improper valve position by the Senior Resident Inspector

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on June 21, 1983. Additional information was obtained on June 23 and 24, 1983. This information is current as of 11 a.m. (CDT), June 24, 1983

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